

Dental Eligibility and Billing Secondary Claims on the Portal

Indiana Health Coverage Programs
DXC Technology
Annual Provider Seminar – October 2019



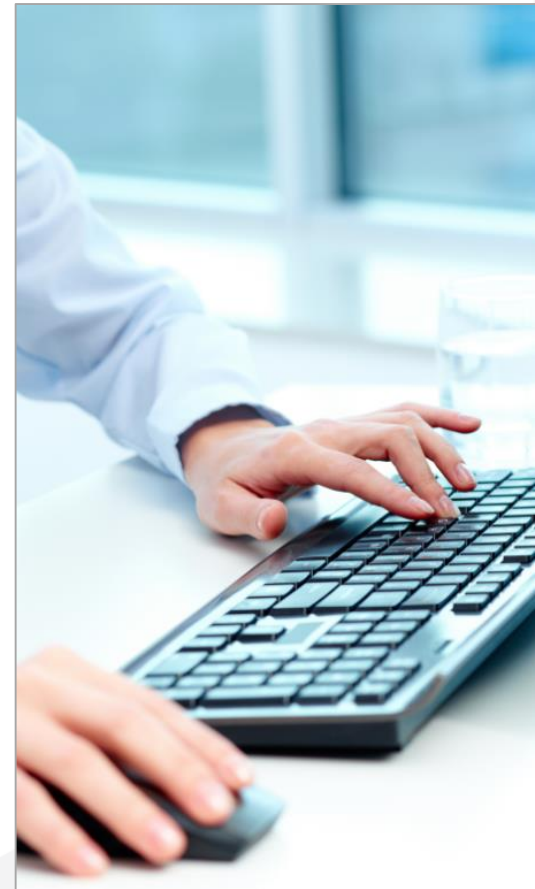
Agenda

- Indiana Health Coverage Programs (IHCP) Website Overview
- Eligibility Tips
- Submitting Secondary Claims via the IHCP Portal
- Reminder
- Helpful Tools
- Questions



How to Find Information on the IHCP Website

- <https://www.in.gov/medicaid/providers>
 - Dental Services
 - Enrollment
 - Claim Submission and Processing
 - Code Sets
 - Dental
 - Fee Schedules
 - Physician Fee Schedule





INDIANA
MEDICAID
for Providers



Provider Enrollment



Provider References



Provider Education



Business Transactions



Clinical Services



About IHCP Programs



Contact Information



Provider References

Search...



[INDIANA MEDICAID](#) / [IHCP PROVIDERS](#) / PROVIDER REFERENCES

Find policy and other guidance in Indiana Health Coverage Programs (IHCP) provider news announcements, publications, and primary reference documents.

- [News, Bulletins, and Banner Pages](#)
 - [Current IHCP News](#)
 - [Bulletins](#)
 - [Banner Pages](#)
- [IHCP Email Notifications](#)
- [Provider Reference Materials](#)
 - [IHCP Provider Reference Modules](#)

Where to Find Reference Modules



IHCP Provider Reference Modules



[INDIANA MEDICAID](#) / [IHCP PROVIDERS](#) / [PROVIDER REFERENCES](#) / [PROVIDER REFERENCE MATERIALS](#) / IHCP PROVIDER REFERENCE MODULES

The Indiana Health Coverage Programs (IHCP) Provider Reference Modules are the primary reference for billing and reimbursement guidance for providers conducting business with the IHCP. Modules include instructions for submitting IHCP claims and prior authorization (PA) requests, as well as other related topics.

Changes to policies and procedures that occur after the effective date noted for each module are announced in IHCP provider [Banner Pages](#) and [Bulletins](#).

- Jump to [Eligibility and Benefits Modules](#)
- Jump to [Claims and Billing Procedures Modules](#)
- Jump to [Service- and Provider-Specific Modules](#)
- Jump to [Program-Specific Modules](#)

Where to Find Code Sets and Fee Schedules

The screenshot shows the IN.gov website with a green header. The main navigation bar includes links for MENU, IN.gov, BUSINESS & AGRICULTURE, RESIDENTS, GOVERNMENT, EDUCATION, TAXES & FINANCE, VISITING & PLAYING, and FAMILY & HEALTH. Below this is a row of service icons: INDIANA MEDICAID for Providers, Provider Enrollment, Provider References, Provider Education, Business Transactions (highlighted with a red box), Clinical Services, About IHCP Programs, and Contact Information. The Business Transactions section is expanded, showing a list of links: IHCP Provider Healthcare Portal, Eligibility Verification, Qualified Provider Presumptive Eligibility (PE), Electronic Visit Verification, Billing and Remittance (highlighted with a red box), Program Integrity, Health Insurance Portability and Accountability Act (HIPAA), and Indiana Medicaid Promoting Interoperability Program. To the right of this list is a description of the IHCP Provider Healthcare Portal and an image of a doctor using a stethoscope.

Find information here about conducting business transactions with the Indiana Health Coverage Programs (IHCP), including member eligibility, billing, reimbursement, and recordkeeping.

- [IHCP Provider Healthcare Portal](#)
- [Eligibility Verification](#)
- [Qualified Provider Presumptive Eligibility \(PE\)](#)
 - [Presumptive Eligibility for Inmates](#)
 - [Presumptive Eligibility Process FAQs](#)
- [Electronic Visit Verification](#)

Where to Find Code Sets and Fee Schedules

 MENU

 IN.gov

BUSINESS & AGRICULTURE

RESIDENTS

GOVERNMENT

EDUCATION

TAXES & FINANCE

VISITING & PLAYING

FAMILY & HEALTH

INDIANA MEDICAID
for Providers

Provider Enrollment

Provider References

Provider Education

Business Transactions

Clinical Services

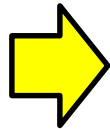
About IHCP Programs

Contact Information

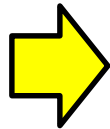
- [Trading Partner Registration Procedure](#)
- [Software Testing Procedures](#)
- [Common Compliance Errors Detected by the IHCP Translator](#)
- [FAQs - EDI](#)
- [Billing and Remittance](#)
 - [Code Sets](#)
 - [IHCP Fee Schedules](#)
 - [Long Term Care Per Diem Table](#)
 - [APR-DRG](#)
 - [Explanation of Benefits \(EOB\)](#)
 - [Best Practices for Nonpharmacy Claims](#)
 - [Claim Administrative Review and Appeal](#)
- [Program Integrity](#)
 - [Medicaid Recovery Audit Contractor \(RAC\) Overview](#)
 - [Protocol for Voluntary Self-Disclosure of Provider Overpayments](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\)](#)

Eligibility Coverage

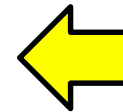
Full array
of benefits



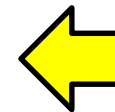
QMB Also



Benefit Details	
Coverage	
Full Medicaid	
Medicaid Rehabilitation Option	
Qualified Medicare Beneficiary	
Family Supports HCBS Waiver	




Has a Mental
Health Service
Package



Eligible for
waiver
services




Eligibility – Special Programs

Benefit Details 			
Coverage	Description	Effective Date	End Date
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/16/2019	07/16/2019
Medicaid Rehabilitation Option	Medicaid Rehabilitation Option for Adults with Level of Need = 4, Service Package 4	07/16/2019	07/16/2019
Qualified Medicare Beneficiary	Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums	07/16/2019	07/16/2019

- This member has Full Medicaid and QMB Also
 - Member pays Part B premiums and all IHCP covered services regardless if Medicare pays or not
- This member has dental benefits




Eligibility – Special Programs

Benefit Details 			
Coverage	Description	Effective Date	End Date
Qualified Medicare Beneficiary	Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums	07/16/2019	07/16/2019

- QMB is the **ONLY** coverage listed- QMB ONLY- claims are paid **ONLY** if Medicare allows the charge
- A prior notification that services are not covered is required to bill a member
- This member does NOT have dental benefits

Eligibility - Special Programs

Benefit Details 			
Coverage	Description	Effective Date	End Date
PASRR Mental Illness (MI)	Pre-Admission Screening and Resident Review (PASRR) Mental Illness claims processing for community mental health centers (CMHC) and diagnostic and evaluation (D&E) teams.	07/16/2019	07/16/2019

- PASRR- Pre-Admission Screening for nursing homes are the only payable codes
- No other benefits when PASRR is the only coverage
- A waiver is not required to bill a patient that does not have Medicaid benefits
 - It is advisable to notify the patient that they do not have Medicaid



Member Eligibility – Benefit Packages

Fee-for-Service (FFS) benefit packages that do not cover dental services:

- Family Planning Eligibility Program
- Qualified Medicare Beneficiary (QMB) – Only
- Special Low Income Medicare Beneficiary (SLMB) – Only
- Qualified Individual (QI)
- Presumptive Eligibility for Pregnant Women
- Presumptive Eligibility Inpatient Services Only
- Qualified Working Disabled Individual (QWDI)

Note: Dental claims for members enrolled in a managed care entity (MCE) are the responsibility of the MCE with which the member is enrolled.

- Contact the appropriate entity for billing instructions and/or payer contractor.



Medicare Replacement Plans

- Please be advised some Medicare Replacement plans may cover some dental services
- IHCP is **ALWAYS** the payer of last resort



Member Eligibility – Dental Payers

- Traditional Medicaid – FFS members:
 - Claims are processed by DXC Technology
- MCE – Hoosier Care Connect, Hoosier Healthwise, and Healthy Indiana Plan (HIP) members:
 - Anthem: Claims are processed by DentaQuest
 - CareSource: Claims are processed by CareSource
 - Managed Health Services: Claims are processed by Envolve
 - MDwise: Claims are processed by DentaQuest



Submitting Secondary Claims



When is the Primary EOB Required for *Other Insurance* (TPL)?

- When the Third Party Liability (TPL) has ***DENIED*** the service as noncovered:
 - *Exception* – If the **TPL** primary explanation of benefits **EOB** contains an acceptable denial ARC code, the secondary windows can be completed with the ARC code, and no EOB is required
- When TPL has applied the amount to the copay, coinsurance, or deductible



Services that are NONCOVERED by the primary insurance are ***NOT*** filed as a secondary claim. The secondary windows may be completed to bypass the need for the primary EOB attachment for **TPL CLAIMS only**.



When is the Primary EOB not needed for *Other Insurance* (TPL)?

- The primary insurance **COVERS** the service and has **PAID** on the claim
 - Actual dollars were received



Two Ways to Access Claim Submission

The image displays two screenshots of the Indiana Medicaid Provider portal, illustrating two methods to access claim submission.

Left Screenshot: Shows the main navigation bar with links: My Home, Eligibility, **Claims**, Care Management, and Resources. A red box highlights the 'Claims' link, and a red arrow points down to a secondary menu. This menu, also titled 'Claims', contains the following links: Search Claims, Submit Claim Dental, Submit Claim Institutional, Submit Claim Professional, and Search Payment History. The 'Submit Claim Dental' link is highlighted with a red box.

Right Screenshot: Shows the 'INDIANA MEDICAID for Providers' interface. The top navigation bar includes: My Home, Eligibility, **Claims**, Care Management, Resources, and Switch Provider. A dropdown menu for 'Claims' is open, showing options: Search Claims, **Submit Claim Dental** (highlighted with a red box), Submit Claim Inst, Submit Claim Prof, and Search Payment History. Below the navigation bar, the 'User Details' section shows 'Welcome' and links for 'My Profile' and 'Switch Provider'. The 'Provider' section shows fields for 'Name' and 'Provider ID'. The 'Provider Services' section includes links for 'Member Focused Viewing' and 'Search Payment History'. On the right, there is a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a 'Contact Us' link, a 'Notify Me' link, and a 'Secure Correspondence' link. A photo of two healthcare professionals is also visible.

Submitting Dental Claims

Submit Dental Claim: Step 1



* Indicates a required field.

Provider Information

Requesting Provider Information

Billing Provider ID

ID Type NPI

Name

Rendering Provider ID

ID Type

Name

Rendering Taxonomy

Service Facility Location ID

ID Type

Name

Patient Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

*Member ID

*Last Name

*First Name

Birth Date

Fields marked with an asterisk (*) are required. Error notifications highlight information that is not completed.



Submitting Dental Claims – Continued

Claim Information

General Claim Information Instructions

Emergency ☐

Accident Related

Accident Date

*Place of Treatment

*Patient Number

Special Program

Authorization Number

*Does the provider have a signature on file? ☒ Yes ☐ No

*Does the provider accept assignment for claim processing? ☒ Yes ☐ No

*Are benefits assigned to the provider by the patient or their authorized representative? ☒ Yes ☐ No ☐ N/A

*Does the provider have a signed statement from the patient releasing their medical information? ☒ Yes ☐ No

Include Other Insurance ☐

Total Charged Amount \$0.00

Continue Cancel

- “Include Other Insurance” leads to step 2
- Check the box. Click **Continue**

Secondary Dental Claims – *Other Insurance*

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
---	--------------	------------	----------	--------------------------	-----------	--------

[+](#) Click to add a new other insurance.

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

Click “+” to add a new other insurance

Secondary Dental Claims – *Other Insurance*

Clicking **Add** saves your entry and collapses the service detail

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
---	--------------	------------	----------	--------------------------	-----------	--------

☐ Click to collapse.

***Carrier Name** ***Carrier ID**

***Policy Holder Last Name** ***First Name** MI ☐

Policy Holder Address

City **State** **ZIP Code** **Country Code**

***Policy ID** **SSN**

***Relationship to Patient** ***Claiming Code**

Group ID **Policy Name**

TPL/Medicare Paid Amount **Paid Date**

[Back to Step 1](#)

No asterisks, but required!

- 11-Other Non-Federal Programs
- 12-Preferred Provider Organization (PPO)
- 13-Point of Service (POS)
- 14-Exclusive Provider Organization (EPO)
- 15-Indemnity Insurance
- 16-Health Maintenance Organization (HMO) Medicare Risk
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employees Program
- HM-Health Maintenance Organization
- LM-Liability Medical
- MA-Medicare Part A
- MB-Medicare Part B
- OF-Other Federal Program
- TV-Title V

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Secondary Dental Claims – *Other Insurance*

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	UHC Dental	UHC Dental		\$0.00	–	Remove

☐ Click to add a new other insurance.

[Back to Step 1](#)[Continue](#)[Cancel](#)

Click **Add**, the screen defaults to the *Other Insurance* screen. Click **Continue**.



Submitting Dental Claims – Service Details

Submit Dental Claim: Step 3 ?

* Indicates a required field.

Provider Information

Billing Provider ID	ID Type	NPI	Name
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Patient and Claim Information

Member ID	Gender
Member Birth Date	Total Charged Amount \$0.00

[Expand All](#) | [Collapse All](#)

Service Details [-]

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units	Action
<input type="checkbox"/> Click to collapse.						
	*Service Date 📅	Tooth Number	Tooth Surface	*Procedure Code 🔍	Charge Amount	*Units
						Item Control#
						Rendering Taxonomy
	Rendering Provider ID	ID Type				

Red * indicates a required field



Submitting Dental Claims – Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Oral Cavity Area	Tooth Number	Procedure Code	Charge Amount	Units	Action
---	--------------	------------------	--------------	----------------	---------------	-------	--------

☐ Click to collapse.

*Service Date 

Oral Cavity Area

Tooth Number

Tooth Surface

*Procedure Code

Charge Amount

Other Fees

Rendering Provider
ID

Line Item Control#

Rendering Taxonomy

22-LOWER LEFT CANINE - CUSPID
24-LOWER LEFT CENTRAL INCISOR
0-LOWER LEFT CENTRAL INCISOR
19-LOWER LEFT FIRST MOLAR
21-LOWER LEFT FIRST PREMOLAR-1ST BICUSPID
L-LOWER LEFT FIRST PRIMARY MOLAR
N-LOWER LEFT LATERAL INCISOR
23-LOWER LEFT LATERAL INCISOR
M-LOWER LEFT PRIMARY CANINE - CUSPID
18-LOWER LEFT SECOND MOLAR
20-LOWER LEFT SECOND PREMOLAR-2ND BICUSPID
K-LOWER LEFT SECOND PRIMARY MOLAR
17-LOWER LEFT THIRD MOLAR--WISDOM-TOOTH
27-LOWER RIGHT CANINE - CUSPID
25-LOWER RIGHT CENTRAL INCISOR
P-LOWER RIGHT CENTRAL INCISOR
30-LOWER RIGHT FIRST MOLAR
28-LOWER RIGHT FIRST PREMOLAR-1ST BICUSPID
S-LOWER RIGHT FIRST PRIMARY MOLAR

[Add](#)

[Cancel](#)

Submitting Dental Claims – Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Oral Cavity Area	Tooth Number	Procedure Code	Charge Amount	Units	Action
<div>Click to collapse.</div> <div> <div> <div>*Service Date</div> <div></div> </div> <div> <div>Oral Cavity Area</div> <div></div> </div> <div> <div>Tooth Number</div> <div></div> </div> <div> <div>Tooth Surface</div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div>*Procedure Code</div> <div></div> </div> <div> <div>Charge Amount</div> <div></div> </div> <div> <div>Other Fees</div> <div></div> </div> <div> <div>Rendering Provider ID</div> <div></div> </div> <div> <div>*Units</div> <div></div> </div> <div> <div>Line Item Control#</div> <div></div> </div> <div> <div>ID Type</div> <div></div> </div> <div> <div>Rendering Taxonomy</div> <div></div> </div> </div> <div> <div>Add</div> <div>Cancel</div> </div>							

Submitting Dental Claims – Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Oral Cavity Area	Tooth Number	Procedure Code	Charge Amount	Units	Action
<input type="checkbox"/> Click to collapse.							
	*Service Date	Oral Cavity Area	Tooth Number	Tooth Surface	*Procedure Code	Charge Amount	Other Fees
	Rendering Provider ID	<div> <div> </div> <div> </div> </div>					

D43
D4355-FULL MOUTH DEBRIDEMENT
D4381-LOCALIZED DELIVERY ANTIMICRO
D4341-PERIODONTAL SCALING & ROOT
D4342-PERIODONTAL SCALING 1-3TEETH
D4320-PROVISION SPLINT INTRACORONAL
D4321-PROVISIONAL SPLINT EXTRACORO
D4346-SCALING GINGIV INFLAMMATION

Submitting Dental Claims – Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Oral Cavity Area	Tooth Number	Procedure Code	Charge Amount	Units	Action
<input type="checkbox"/>	Click to collapse.						
	<div>*Service Date</div> <input type="text"/>	<div>Oral Cavity Area</div> <input type="text"/>	<div>Tooth Number</div> <input type="text"/>	<div>Tooth Surface</div> <input type="text"/>	<div>Procedure Code</div> <input type="text"/>	<div>Charge Amount</div> <input type="text"/>	<div>Units</div> <input type="text"/>
		<div>Other Fees</div> <input type="text"/>	<div>Rendering Provider ID</div> <input type="text"/>	<div>ID Type</div> <input type="text"/>	<div>Rendering Taxonomy</div> <input type="text"/>	<div>Line Item Control#</div> <input type="text"/>	

Add

Cancel

Clicking **Add** saves your entry and collapses the service detail



Secondary Dental Claims – Other Insurance Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units	Action
1	07/19/2018		D4341-PERIODONTAL SCALING & ROOT	\$100.00	1.00	Remove

*Service Date

Tooth Number

Tooth Surface

*Procedure Code

Charge Amount *Units Line Item Control#

Rendering Provider ID ID Type Rendering Taxonomy

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.	*Other Carrier <input type="text" value="UHC Dental-UHC Dental"/>	*TPL/Medicare Paid Amount <input type="text"/>	*Paid Date <input type="text" value="08/20/2018"/> <input type="button" value="Calendar"/>	

SAVE!!!

- Each service detail must include the amount paid for that code
- Click the detail number under the **#** column to expand the **Other Insurance for Service Detail**
- Clicking **Add** and **Save** collapses the service detail

Secondary Dental Claims – Other Insurance Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units	Action
---	--------------	--------------	----------------	---------------	-------	--------

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units	Action
<u>1</u>			D4341-PERIODONTAL SCALING & ROOT	\$100.00	1.00	Remove

+

Click to add service detail.

- Add insurance payment to each detail that has been paid
- Submit claim when finished

Submitting Dental Claims – Add Claim Attachment

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
+ Click to add attachment.					

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
	*Transmission Method	FT-File Transfer			
	*Upload File	Choose File No file chosen			
	*Attachment Type	<div> <div></div> <div> B4-Referral Form DA-Dental Models DG-Diagnostic Report EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) O7-Support Data for Claim P6-Periodontal Charts RB-Radiology Films RR-Radiology Reports </div> </div>			
	<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

Claim Note Information

Click the **Remove** link to remove the entire row.

#	Note Reference	Action
---	----------------	--------

- 5 MB total allowed for the total claim attachments
- Document type allowed: PDF, BMP, GIF, JPG/JPEG, PNG, and TIFF/TIF
- Word and Excel are not allowed

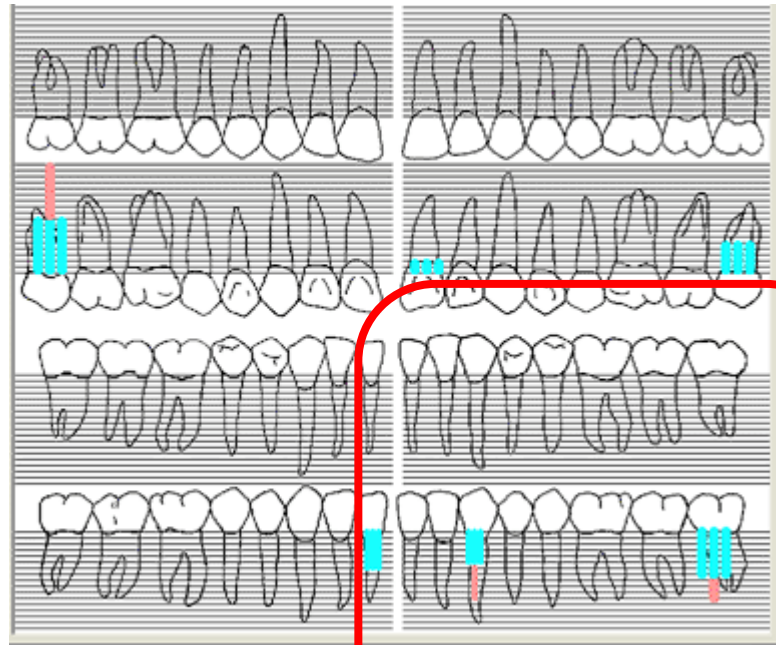
Reminder:

Periodontal root planing and scaling

Periodontal root planing and scaling requires Periodontal Chart documentation

Document
date of
service by
each
quadrant
billed on the
current claim

Member ID (RID)



Please do NOT submit
member X-rays

09/29/2019

Submitting Dental Claims – Claim Note Information

Claim Note Information

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action
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☐ Click to collapse.

Note Reference Code

Additional Information ▼

Note Text

Add

Cancel

Back to Step 1

Submit

Cancel

Submitting Dental Claims – Review Before “Confirm”

Claim Information

Emergency ☐

Accident Related ☐

Place of Treatment 11-Physician's Office

Special Program ☐

Accident Date

Patient Number 001

Authorization Number

Does the provider have a signature on file? Yes

Does the provider accept assignment for claim processing? Yes

Are benefits assigned to the provider by the patient or their authorized representative? Yes

Does the provider have a signed statement from the patient releasing their medical information? Yes

Total Charged Amount \$100.00

[Expand All](#) | [Collapse All](#)

Service Details

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units
<u>1</u>	07/19/2018		D4341-PERIODONTAL SCALING & ROOT	\$100.00	1.00

No Other Insurance Details exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

[Back to Step 1](#) [Back to Step 3](#) [Print Preview](#) [Confirm](#) [Cancel](#)

Do not use the browser back button

Submitting Dental Claims – Confirmation

Submit Dental Claim: Confirmation ?

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is Finalized

The Claim ID is XXXXXXXXXXXXXXXX

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **New** to submit a new claim.

Payment status

Attachments and claim note may cause the claim to be *Pending in Process*

Print Preview **Copy** **New**

Types of claim status:

- Paid
- Pending in Process
- Denied



Reminder



Claim Filing Limit

The IHCP mandated a 180-day filing limit for FFS claims, effective January 1, 2019. See [BT201829](#), published on June 19, 2018, for additional details.

- The 180-day filing limit is based on date of service:
 - Any services rendered on or after January 1, 2019, are subject to the 180-day filing limit
 - Dates of service before January 1, 2019, are subject to the 365-day filing limit



Helpful Tools



Helpful Tools

Provider Relations Consultants



REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
Illinois Michigan	1 Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
	2 Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
Illinois	3 Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
Kentucky	4 Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
	5 Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
Kentucky Ohio	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	

Helpful Tools

IHCP website at in.gov/medicaid/providers:

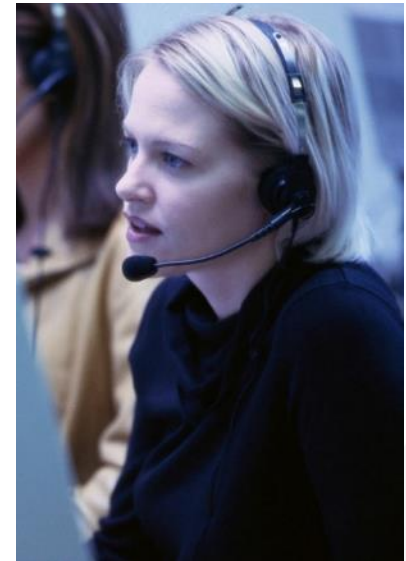
- *IHCP Provider Reference Modules*
- *Medical Policy Manual*
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



Questions

Please review your schedule for the next session
you are registered to attend



Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1055>

